


| | | | |
|--|--|------------------------|----------------------------|
| <h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p> | | Application Number | 09/995,909 |
| | | Filing Date | 28 November 2001 |
| | | First Named Inventor | Bjornson |
| | | Art Unit | 1743 |
| | | Examiner Name | Not Yet Assigned |
| Total Number of Pages in This Submission | | Attorney Docket Number | 029-02US (50225-8029.US03) |

| ENCLOSURES (check all that apply) | | |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney; Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> C.D. Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply, Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below) <div style="text-align: center; font-weight: bold;">Return Receipt Postcard</div> |
| <div style="border: 1px solid black; height: 30px; width: 100%;"></div> | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Firm or Individual name </div> <div style="width: 70%;"> Stephen C. Macevicz, Registration No. 30,285 </div> </div> | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Signature </div> <div style="width: 70%;"> </div> </div> | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Date </div> <div style="width: 70%;"> 28 August 2003 </div> </div> | | |

| | | | |
|---|---|------|----------------|
| CERTIFICATE OF MAILING BY EXPRESS MAIL – CERTIFICATE NO. EV 313 981 415 US | | | |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450 on the date shown below | | | |
| Typed or printed name | Virginia Griffith | | |
| Signature |  | Date | 28 August 2004 |

1450

* *Journal of the American Medical Association*, 1990; 263: 1031-1034.